

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

|                                                                                                                                                                      |                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                     | 7. UNIT AGREEMENT NAME<br>N. HOBBS (G/SA) UNIT                          |
| 2. NAME OF OPERATOR<br>SHELL WESTERN E&P INC.                                                                                                                        | 8. FARM OR LEASE NAME<br>SECTION 30                                     |
| 3. ADDRESS OF OPERATOR<br>P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)                                                                                             | 9. WELL NO.<br>432                                                      |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface 2260' FSL & 180' FEL SEC. 30 | 10. FIELD AND POOL, OR WILDCAT<br>HOBBS (G/SA)                          |
| 14. <del>XXXXXX</del> API NO.<br>30-025-28957                                                                                                                        | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>SEC. 30, T18S, R38E |
| 15. ELEVATIONS (Show whether DF, RT, G4, etc.)<br>3649.5' GR                                                                                                         | 12. COUNTY OR PARISH<br>LEA                                             |
|                                                                                                                                                                      | 13. STATE<br>NM                                                         |

16 Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                      |                                               | SUBSEQUENT REPORT OF:                                                                                 |                                          |
|----------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                                                               | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <input type="checkbox"/>  | FRACTURE TREATMENT <input type="checkbox"/>                                                           | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>                                             | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>                                                                      |                                          |
| (Other) <input type="checkbox"/>             |                                               | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |                                          |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

1-08-87: Pmpd 1000 gals 15% HCl-NEA dwn annulus. SI 2 hrs & ret'd to prod.

2-04-88: Pmpd 2000 gals 15% HCl-NEA dwn annulus. SI 2 hrs & ret'd to prod.

18. I hereby certify that the foregoing is true and correct

SIGNED A. J. FORE

TITLE SUPERVISOR REG. & PERMITS

DATE 9-22-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

SJS